THE MEDICAL NEWS AND LIBRARY.

VOL. XXXI. APRIL, 1873. No. 364.

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LECTURES.

The Relative Frequency of Disease between the Right and Left Sides of the Heart. Degeneration of the Heart; its Causes and Means of Avoidance. By CORNELIUS BLACK, M.D. (Continued from p. 38.)

THE effects of imperfect aeration of the blood are traceable in the tissues of the heart. They vary, however, according to the degree of impregnation of the blood with carbonic acid and to the length of time which such blood has circulated through the nutrient vessels of the heart.

Before tracing these effects, it may be observed that those in whom the muscular fibres of the heart have, in consequence of confinement to close, ill-ventilated apartments, undergone the particular degeneration in question, and in whom the blood retains a greater than normal proportion of carbonic acid, are never well. It would be impossible, until somewhat late in the disease, to put the finger upon any one organ and be able to say, Here is the disease. Still, every organ is depressed in its functional manifestation, and the whole body is changed in its sensibilities, its impressions, and its powers. The prevailing indications of disturbed health are—extreme muscular debility, inaptitude for exertion, depression of spirits, frequently an exquisite sensibility

Published monthly by HENRY C. LEA, Nos. 706 & 708 Sansom Street, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*

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of the cutaneous nerves, feebleness of the pulse, variable appetite, and weak digestion. The bowels are generally sluggish, and their evacuations darker than natural, from the presence of almost black bile. Such, too, is often the condition of the blood and of the containing vessels, that a slight bruise of the skin produces an ecchymosis of unusual extent, which is exceedingly slow in being absorbed.

All such patients occupy in the daytime rooms from which they exclude every breath of air, provided they have the means of doing so; and where poverty prevents them from fully gratifying their sensations, they nurse themselves accordingly. At night, the one who is able to command the "comforts of life" retires to a feather bed surrounded by curtains closely drawn together, with door and windows closed, gas flaring, and fire burning; the other, whom poverty oppresses, betakes himself to a small, low, dark, ill-ventilated room, where, with his wife and four or five children, huddled together in a couple of beds, he passes the night in an atmosphere rendered poisonous before morning by the accumulation of carbonic acid.

Years pass in this condition of health; middle age is reached; it is passed; œdema of the feet at length sets in; general dropsy follows, from which the passage to the grave is but short. A short time before death occurs—a little before or about the time of the commencement of the œdema of the feet—tricuspid incompetency and jugular pulsation are detected. At length the patient dies; a post-mortem examination is made, and the following condition of heart is found:—

It lies in its pericardium surrounded by serum, apparently somewhat enlarged, the enlargement being due to dilatation of the ventricles, but of the right ventricle chiefly. Its superficial veins are large and distended with black blood; and the general surface of the heart is of a dull, slaty-red colour. This colour pervades the entire thickness of the heart's walls and the endocardium throughout both auricles and ventricles. On being handled, the heart is found to be soft, flabby, and seldom indeed above the average weight. The walls of the right ventricle are larger but thinner than natural; and occasionally the left ventricle is also reduced in thickness. The curtains of the tricuspid valve, on being rubbed between the thumb and finger, are found to have lost their natural feel, and the impression of softness and laxity of tissue is conveyed. They no longer meet so as to close their respective apertures; for, although their edges may be so fitted and approximated as to render their closure apparently complete, yet when the heart is placed as in its natural position, and water is poured, however gently and however small in quantity, into the right auricle, it passes at once into the ventricle beneath. Less frequently the pulmonic valves manifest the same condition of incompetency—always a similar want of firmness. The same distension of auricle and ventricle by dark blood as was observed in the dying trout, is here found; but as in the one so in the other, the auricle is more distended than the ventricle.

If now thin sections from the muscular walls of the heart be examined under the microscope, the following important changes are observed: The minute veins lying on the outer surface of the muscular fibres are distended with dark blood; the muscular fibres themselves are less firmly and less closely knit together, and show a disposition to separate into their ultimate fibrillæ; whilst the cells or disks of which these fibrillæ are composed are, in like manner, less cohesively bound together. Instead of forming apparently flat disks or cells packed face to face in close linear arrangement, it is found that they are increased in their longitudinal diameter, and that they have in consequence assumed somewhat of an oval shape. The effect of this change seems to be to increase the distance between the transverse striæ, and to render the latter much less distinct than in the healthy fibre of the heart. Here and there along the course of a fibre small fissures or rents are observed, through which the sarcous element protrudes, enabling the observer, by the eversion of the edges of such fissures, to discover a containing sheath or sarco-

lemma, as in the voluntary muscular fibre of other organs. In the course of the various fibillæ of which a fibre is composed, one or more of the disks have assumed a round, cell-like form, which in most instances is distended with a dark-looking serosity, but which in other instances contains a clear, bright, highly refracting substance. The former fluid is a portion of the serosity of the blood which has escaped by transudation from the overlying veins and permeated the underlying cell-walls. Its particular color is due to a minute quantity of hæmatine furnished by dissolved blood-corpuscles. The bright, highly refracting contents of other cells are due to the presence of oil.

Not less remarkable are the changes found in the non-striated muscular fibres of which the heart's walls are in part composed. They are flatter and broader than natural, their edges are more irregular, the contents of the tubular sheath are less granular than in health, and they are of the same dark colour as the contents of the altered cells of the striated fibres. Some of their nuclei have undergone more or less conversion into fat, and minute globules of oil are seen here and there along the course of the fibres. Fat, however, is not a nesessary element of this form of tissue-degeneration, because many instances occur in which it does not exist.

The degeneration in question is not only characterized by the microscopic and other appearances already stated, but by the presence of a superabundance of serosity, which saturates, as it were, every individual fibre, rendering the whole mass of the muscular walls of the heart soft and diffluent to the touch.

In the musculi pectinati similar appearances are observed. The epithelium of the endocardium is extremely thin and badly developed, and in some places detached from its basement membrane, which presents the same dull, slaty-red colour as the muscular structure of the heart. The basement membrane is likewise soft and pulpy, and the vascular layer consists of vessels so dilated and distended with dark blood that the interspaces are considerably reduced in size.

The connective tissue is generally free from any inflammatory exudation, but the fibres of which it consists lie bathed in the same kind of serosity which distends some of the altered cells of the striated fibres.

Now, this pathological condition of the heart, which is the result of deficient aeration of the blood extending over a long period, is distinct from every other known morbid process which affects the heart. It has no connection with inflammation, and it is distinct from fatty degeneration, with which, however, it may, as we have seen, be associated. I therefore claim for it a distinct place in the nosology of diseases of the heart. It is, perhaps, difficult to adopt a term which shall sufficiently express the true nature of the disease; but as the changes produced in the heart are manifestly due to the action of a hyper-carbonized condition of the blood, the term *carbonized heart* may serve the purpose of distinguishing it from other affections of this organ.

From the condition in which the striated fibres are found, it is easy to explain why, during life, the action of the heart is so feeble and the pulse so small—why the patient always complains of feeling an amount of prostration which cannot be explained by general appearances—why there is such breathlessness on the least exertion—why death often occurs suddenly.

In the healthy heart the flattened disks forming the ultimate structure of the muscular fibrillæ are in two opposite conditions according as the fibrillæ are in a state of relaxation or contraction. When relaxed, the longitudinal diameter may equal or exceed the transverse diameter, and the muscular striæ are in consequence carried farther apart from each other; but when the fibrillæ are in the opposite state of contraction, the transverse diameter exceeds the longitudinal, and the muscular striæ are brought into closer approximation. In the diseased condition of the heart in question, the longitudinal diameter of the individual disks or cells of the fibrillæ is greater than natural. The tendency of the disease is, therefore, to cause the longitudinal to prevail over the transverse diameter, and,

as the disease progresses towards this end, to weaken the heart's power of contraction; because power is represented by the degree in which the transverse diameter of the cells of the fibrillæ in action exceeds that of the longitudinal diameter.

It is manifest that, as the disease progresses, the cells of the fibrillæ lose by degrees their power of contracting, and that permanent relaxation is the ultimate condition in which they end. When that condition has been reached by a sufficient number of these cells to render the heart unable to force the blood through the extreme vessels, the patient may die from mere failure of the heart's power. Death in such a case has been gradually approaching for some time; but its advent is sudden at last. Upon the increasing debility which has now, perhaps, for weeks been patent alike to patient and to friends, there comes a sudden excitement—an unexpected stimulus to exertion, which causes the patient to put forth an unwonted power; and, in doing so, the heart is overwhelmed by the labour thus suddenly thrown upon it, under which it as suddenly falters—fails—dies!

In other instances sudden death occurs without any previous aggravation of the general condition of the patient. This occurrence is readily explained by the particular condition of the fibrillæ of the heart, as already stated. It has been shown that frequently some of the altered cells of these fibrillæ are distended by a dark serosity, others by oil; and that the sarcolemma in which they are inclosed is often marked by small fissures or rents. Now, if it happens—which is not unfrequently the case—that at any point of the heart this condition of the fibrillæ exists throughout the whole thickness or the greater part of the thickness of its walls, the natural efforts of the heart are sufficient to cause rupture at this point, extravasation of blood into the pericardium, and death. More frequently, however, it happens that, when death from this cause occurs suddenly, it takes place during the performance of some act of physical exertion, which, by throwing a sudden increase of labour upon the heart, excites it to unwonted efforts of contraction, under which the diseased fibrillæ give way.

Another mode in which death occurs in this disease is owing partly to the direct effects of the enfeebled heart, upon the circulation, and partly to the secondary consequences of tricuspid or pulmonic regurgitation, or to both of these lesions combined. The tricuspid incompetency is a frequent, the pulmonic incompetency a less frequent, lesion in this disease. The former produces general dropsy; the latter a particular condition of the breathing, which demands a more extended observation.

When the pulmonic valves are unable to close their aperture, a portion of the blood projected by the right ventricle into the pulmonary artery falls back into the ventricle, and thus diminishes the quantity which would otherwise reach the lungs. This occurring at every contraction of the right ventricle, a period is soon reached when the vessels of the lungs are very inadequately filled with blood. The requirements of aeration increasing with its defective accomplishment, the demand for more air is immediately felt throughout the whole system, but especially in the lungs. To meet the urgent necessity which deepens every moment, the supplementary muscles of respiration are called into play, violent and quickened efforts are made to expand the chest, and the breathing becomes in consequence distressingly laboured and panting. If this condition continues, a diminished supply of blood is quickly felt in the left ventricle, a correspondingly diminished quantity is projected into the aorta, the vessels of the brain being thereby only partially distended, the energy of the brain itself is not maintained, an indescribable feeling of faintness takes place, the countenance blanches, and life is grievously threatened. The recumbent posture at once assumed, a stimulus administered to rouse the energy of the heart, a counter-irritant applied to the precordia, and an abundance of fresh air, are the means to recover a patient from this threatening condition. When, however, this state of regurgitation has been reached, there is no hope of permanently allaying these paroxysmal

attacks, and the breathing is ever afterwards liable at any moment to a recurrence of these painfully panting manifestations. But the regurgitation from the pulmonary artery into the right ventricle produces another injurious effect by causing a too frequent effort of contraction on the part of the heart. It will be remembered that, in detailing the result of my observations on the circulation in the newly-hatched trout, I stated that no sooner did the blood touch the lining membrane of the auricle and ventricle than they quickly, firmly, and resolutely contracted. In like manner with respect to the human heart, no sooner does the blood in the case now under consideration fall back from the pulmonary artery into the right ventricle than the latter, responding to the stimulus thus applied to it, contracts, and the repetition of this effort, occurring more frequently than it is wont in the natural order of the heart's movements, quickly induces exhaustion in the muscular fibres of a heart already diseased, and thereby favours the occurrence of dilatation. To dilatation would be added hypertrophy if the nutrition of the heart were as active as it is in other diseases of that organ; but as the condition of the blood is opposed even to the ordinary nutrition of the heart's structures, simple dilatation of the right ventricle is the most common form of enlargement which is found.

Where the tricuspid valve is incompetent, dilatation of the right ventricle is more rapid in its occurrence than in pulmonic incompetency; but where the two incompetencies coexist, as is sometimes the case, the ventricular dilatation is both more rapidly and more extensively induced than where one or other valve alone is affected.

Practically speaking, our knowledge of diseased action is of no use unless we can recognize it during life. To simply discover its effects after death is of no avail to the living. The question therefore arises—Does this particular disease of the heart give any indications during life by which it can be recognized? Like every other disease, it has its particular and characteristic symptoms. Some of these refer to the heart itself, others to the general system.

Those which more particularly refer to the heart, show that the action of this organ is very feeble, that its sounds are but faintly heard in their accustomed areas, and that the space over which its impulse is felt is less than ordinary. It is sometimes difficult to determine the exact point at which the apex strikes the chest-walls; and when found, the apex-beat is felt as a feeble tap which seems to just touch the ribs and is gone again. When there is tricuspid regurgitation, it is not always productive of a morbid sound either over the lower part of the sternum or immediately to the left of this bone over the body of the right ventricle. The regurgitation more particularly manifests itself by jugular pulsation, which is best seen when the respiration is suspended, and when the external jugular vein is compressed upon the posterior edge of the sterno-mastoid muscle. If the right ventricle is dilated, a feeble impulse or a mere flutter is felt in the epigastrium, which is more distinct at the extreme of expiration than at any other stage of the respiratory movement. To the evidence afforded, by jugular pulsation, of tricuspid incompetency there is soon added, if it does not already exist, that of general dropsy. When the pulmonic valves are incompetent, extreme breathlessness is felt on the slightest exertion, and paroxysms of panting breathing are, independently of exertion, apt to arise, during which the countenance of the patient becomes distressingly pale and betrays an expression of the greatest anxiety.

Of the general symptoms, the most prominent one is, as it has already been shown, a feeling of the most complete muscular debility. The sense of prostration is indescribably great. Where there is no valvular lesion, the breathing is nevertheless rendered short and hurried on the least exertion. The patient, after making the least effort, sinks into a chair, complaining of faintness, and gaspingly exclaims that "it is too much" for him. Hence the indisposition of the patient to move about.

In almost every instance the temperature of the skin is below the natural standard; nevertheless, there is frequently, especially when the patient is a female, a hyper-sensibility of the cutaneous nerves, which is resolved into acute pain upon the slightest pressure, and which renders the patient so sensible of the merest change of temperature, that the admission of fresh cool air into the apartment is studiously avoided. A gentle tap upon the skin, the mere grasp of a part, or even the pressure of a finger upon any part of the surface, is followed by extravasation of blood, which is exceedingly slow in being absorbed.

The general hue of the countenance is a dirty pallor, and a faint, slaty-blue deepens in the early stages the natural colour of the mucous surfaces, which gives place to a deeper blue of the lips and of other parts when valvular lesion is afterwards superadded.

The appetite is variable—never large—always, perhaps, below the healthy standard. Still, food is taken every day in moderate quantity. Uneasiness of the stomach generally follows the ingestion of food, and flatulent distension often adds to the miseries of the patient.

The bowels are generally more or less torpid, and the evacuations darker than natural, thus showing the attempt on the part of the liver to depurate the blood by removing an excess of carbon in its secretion.

Like the bodily functions, the mental manifestations are low. Depression of spirits, gloomy anticipations, and a nervous anxiety about particular sensations, especially the sensation of cold, are the leading features of the mind.—*Lancet*, Sept. 28, 1872.

CLINICS.

CLINICAL LECTURES.

Abstract of a Clinical Lecture on Renal Disease in Calculous Patients, and its Influence on the Choice of Operation. By Sir Henry Thompson, M.B., Surgeon-Extraordinary to His Majesty the King of the Belgians; Surgeon to University College Hospital.

[Considerable interest attaches, in connection with the death of Napoleon III., to the following lecture, which includes a discussion of all the points bearing upon that now celebrated case.]

The patient, a naval pensioner, aged 60, thin and careworn, had suffered from symptoms of stone for more than three years. In the course of 1872, he had been admitted into a metropolitan hospital, when the stone was crushed several times. After this, the patient continued pretty comfortable for about three months; he then rapidly relapsed, and when he came under Sir Henry Thompson's care, the old man was in a most miserable condition. He could not hold his urine more than half an hour, even at night, and, as he could only pass it when in the erect position, he was obliged to leave his bed every time, and was greatly reduced by pain and want of sleep. His urine was alkaline, of low sp. gr., contained a large amount of albumen, and an unmistakable granular cast found under the microscope at the first examination. On sounding him, fragments of phosphatic stone were detected. It was evident that the patient had advanced disease of the kidneys, and that his ultimate fate was settled; still, his principal sufferings were due to the presence of the calculous matter in the bladder, and these could be removed or greatly relieved by lithotrity.

He was accordingly admitted into the hospital on January 21st; the 24th, Sir Henry removed some *débris*, and repeated the process on the 28th without any unfavourable symptoms; on the contrary, the patient during this time improved in strength, could move about better, and was able to hold his urine for an hour or more at a time. All but a few fragments had in fact been removed when, on Februrary 1st—a cold day—the patient slipped out of the ward and stood for some time in the yard of the hospital smoking. Next day, he had a severe rigour, followed by headache, drowsiness, partial suppression of urine, etc., and, although at first he rallied somewhat under treatment, he never recovered from the effects of his unfortunate indiscretion, and died on February 19th of uræmia.

Post-mortem Examination.—The external surface of the kidneys was granular; the capsules were opaque and adherent: on section, the cortical layer was thin, mottled with patches of yellow degeneration, and studded here and there with small abscesses; the pyramids were congested. The pelves of the kidneys and the ureters were dilated, and contained puriform matter. The muscular coat of the bladder was hypertrophied; the mucous membrane was much congested, dark, thickened, opaque, and ulcerated in places; the so-called "middle lobe" of the prostate was much enlarged, forming a regular bar across the neck of the bladder; in the deep hollow behind this were a few small and soft fragments of stone, weighing in all twelve grains.

In commenting on this case, Sir Henry Thompson said: The question we have to consider to-day, gentlemen, is this, If stone in the bladder be complicated by the presence of chronic renal disease, what should be done? When are we justified in operating? and which operation should we choose? "Chronic renal disease" is a wide term; and, in order to answer the question better, I will consider the chief forms of kidney-disease separately.

We may at once dispose of malignant disease; if this be so advanced that a satisfactory diagnosis is possible, any operation is clearly useless. Chronic Bright's disease, again, is a loose term, and includes several varieties; the two that chiefly concern us now are the large white smooth kidney, and the granular contracted kidney: the so-called amyloid disease is rare. There is no difficulty in the diagnosis of Bright's disease, even when complicated by the presence of stone; the low specific gravity of the urine, the presence of casts and of an amount of albumen out of proportion to the amount of pus present decide the nature of the case at once. Next, there is what may be called the calculous kindney. You will often meet with men who are frequently, or almost continuously, passing crystals of uric acid or small calculi. This never goes on for any length of time without damage to the kidney; on microscopic examination, you will always find blood in the urine. They are often stout red-faced, healthy-looking rustics; but if such a man come to you with a stone in his bladder, and tells you that he has been accustomed to pass gravel for years, beware of him; in spite of his apparent good health, he will be unusually liable to severe rigors and urinary fever.

Next, saccharine diabetes is occasionally associated with stone. I have met with two such cases, and never had any more troublesome: there was in both very great irritability of the bladder and of the system generally; and if you should meet with the same complication, the case will probably require all the care and patience you can muster.

Lastly, there is that dilated condition of the kidney and the ureters which is due to long-standing obstruction in the passages. This has been sometimes called "surgical kidney," a most inappropriate and unphilosophical term, and one which I never use. So far from being really a "surgical" kidney, it is one which denotes the want of surgical treatment; one which never would have existed had surgical aid been afforded at the outset of the malady. This condition is most frequently met with in cases of old stricture, also in cases of enlarged prostate, large calculus, long-continued atony of the bladder, etc. Owing, then, to the presence of some obstruction to the escape of urine from the bladder, that organ becomes dilated and hypertrophied, the pressure tells backwards on the ureters, these and the pelves of the kidneys become dilated, the secreting substance itself is compressed against the capsule, and, finally, the whole organ may be distended into a sort of cyst. I have seen the ureters as large as the small intestine, and contain, with the pelves of the kidneys, thirty fluidounces of water. A calculus by itself never produces this effect unless it be large, and not necessarily even then; it depends on the amount of obstruction. And now comes an important fact, viz., that all this may occur without any distinct symptoms; you may suspect that this state of things is present, but you cannot make absolutely sure. The patient probably has

some cystitis, and consequently pus in his urine, but there is no more albumen present than the pus would account for; there are no casts; the urine may be of fair specific gravity, and there will even be no deficiency of urea; if there be, the patient will at once show symptoms. The fact is, that we are liberally provided with secreting and excreting organs. A man may live very comfortably, even though a considerable proportion of both lungs be blocked up with tubercle; two half lungs are sufficient under ordinary circumstances; but if he get a little bronchitis—an amount which a healthy man would scarcely feel—it carries him off; he has just enough breathing space to sustain life, but no margin to spare. Just so a man may live with two half kidneys; he gets along quite well under ordinary circumstances; there is just enough of the organs left to meet the wants of the system, but any small derangement upsets the balance, and serious symptoms appear at once.

A high authority abroad has stated that this state of the kidneys can be diagnosed by means of palpation, but I cannot confirm his assertion. It would be exceedingly difficult to detect with certainty a soft, movable, and collapsible tube like the ureter even in a thin person; but generally these patients are past middle life, and stout also from confinement; the parts are not sensitive, unless suppuration or a renal calculus be present. You may often be able to make a shrewd guess; but even a strong suspicion is not a sufficient ground for refusing to relieve a suffering patient.

In the next place, to what extent does the presence of renal disease affect the prognosis of lithotrity? Omitting slight cases, I have operated on three patients who were suffering from *advanced* chronic Bright's disease. The first was some years ago. A very pale, weak, and puffy-looking man, with a large phosphatic stone, came to me to be operated on, but I refused; he, however, begged so hard that I would do something for him, and was in so much pain and distress, that at last I took him in. Even then I kept him three weeks under observation before I did anything, which is not my usual custom. I then crushed the stone very carefully in eight sittings, allowing a good interval between them. The man was in the hospital three months—three times as long as most of my patients—but he went out freed from his trouble, and died of the kidney-disease nine months afterwards without any recurrence of the calculus.

Some time afterwards, I operated on a second and similar case. He had some rigours, but went out at the end of ten weeks cured of his stone; he came to show himself three months afterwards, when he had still a large amount of albumen in his urine, but no recurrence of the stone. Emboldened, perhaps, by success, I attempted a third and worse case shortly afterwards. This patient went on well for a time, but after the fifth sitting uræmic symptoms supervened, and he died.

I cannot tell how many cases of mechanical dilatation of the kidney I may have operated on with success; for, as I said, I know no means of ascertaining with certainty during life the existence of the disease; but I have little doubt that there has been more or less distension of the ureters, etc., in a considerable number of the more severe cases. I may instance particularly three cases of stone complicated by very tight and old-standing stricture. My plan under such circumstances is to tie in catheters for a week, or until I can introduce a small lithotrite; after each crushing I replace the catheters, and continue them until the stone is removed. I have not the smallest doubt, judging from the history and state of these patients, that all had some, perhaps a considerable, amount of disease; yet in each case the result was successful.

Surgeons have said that, if a patient with stone in the bladder have also chronic disease of the kidneys, the best plan is to cut him; to have one operation and have done with it, and not to go on teasing the man with instruments for several weeks. I can only say that lithotomy would certainly have killed any one of the three pale, feeble, bloodless patients

I first mentioned; indeed no one of the six could have been cut—no surgeon would have thought of it. It is just fifty years since lithotrity was first introduced, and up to thirty years ago, or less, this dictum was true, but it is not so now. The statistics of lithotomy were never better than they were fifty years ago; indeed they are now scarcely as good, for since then many of the most favourable cases have been treated by crushing. The statistics of lithotrity, on the other hand, have improved, and are improving every year. Lithotomy, then, has stood still; lithotrity has been greatly improved, and the axiom is consequently now reversed. There is no doubt with our present experience that, if only the stone is sufficiently friable, lithotrity, *if skilfully performed*, is the best operation in such cases: the shock, loss of blood, etc., of lithotomy make considerable demands on the strength of the patient. The lithotrity must, I repeat, be very carefully done; of the two operations, that of crushing is certainly the one in which previous practice on the part of the operator makes the greater difference in the chance of curing the patient. Therefore, I say to you, inasmuch as you may be well able to do a good bold operation of lithotomy at the outset of your career if you have surgical talent at all, do so with any doubtful case, or if the stone be at all large, until you have had a little experience with two or three cases of small stones by lithotrity. Whatever you do by that means, let your early attempts be always made on small calculi only.

In conclusion, I may repeat the advice which I am constantly giving you. Always find the stone, if possible, when small; the symptoms produced by a stone, say of the size of a nut, are clear enough. There is no question, then, about the advisability of cutting or crushing, or about the presence or absence of kidney-disease; crush the stone at once, and the cure of the patient is almost certain.—*British Med. Journ.*, March 8, 1873.

[A *verbatim* report of the above lecture, which has had the advantage of Sir Henry Thompson's personal revision, will be found in the *Lancet* for March 8.]

HOSPITAL NOTES AND GLEANINGS.

Three Operations for Removal of the Tongue by the Galvanic Écraseur.—At University College Hospital, Mr. Erichsen has, during the last few months, three times removed the tongue for epithelioma—all successfully as to the immediate result of the operation, but, unfortunately, followed in the first two cases by recurrence in the glands. The three operations were performed in three different ways. In the first the jaw was divided, as, from the situation of the growth, very free access to the base of the tongue was required. In the second the operation was performed through the mouth; and in the third the mouth was laid open through the cheek, as it was intended to remove only half the tongue, the disease being completely limited to one side. The instrument used for the actual removal was, in all cases, the galvanic écraseur, an instrument which, for such operations, is invaluable. In each case the time occupied in cutting through the tongue was barely two minutes, and not a drop of blood was lost.—*Irish Hosp. Gaz.*, March 1, 1873.

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Attempted Reduction of Dislocation of Shoulder-joint; Rupture of Axillary Artery; Death.—The patient was admitted into the Royal Infirmary, Edinburgh, under the care of Mr. Lister, on account of an unreduced dislocation of the shoulder-joint of seven weeks' standing, but said by the patient himself to have been of only five weeks' duration. Professor Lister, by manipulation and subsequently by the pulleys, attempted to reduce the dislocation, no undue force being exerted by either method. During the attempt a sharp crack was heard, and subseqently a swelling, which ultimately reached the size of an adult head, took place on the dorsal and posterior part of the scapula; the occurrence being due to the rupture of the axillary artery, and subsequent effusion of blood into the surrounding textures. Without hesitation Professor Lister cut down on the spot, and proceeded to search for the ruptured vessel, opening by his incision into a sacculated structure

into which the blood had been effused, and from the bottom of which the blood appeared to flow. Careful search for the source of the hemorrhage was, after a considerable period of time, rewarded, by finding that the bleeding point was situated on the posterior aspect of the artery itself—a situation which, the Professor remarked, was rather unusual, and not likely to be easily got at or seen. The vessel was accordingly ligatured above and below the bleeding point, antiseptic measures being taken during and after the operation to prevent the occurrence of putrefaction. The patient rallied immediately after the operation, but sank and died in about three hours subsequently. Professor Lister remarked on the importance of the occurrence from a practical point of view, at the same time remarking on the obvious duty of at once cutting down and securing the bleeding vessel. A dissection of the parts showed several features of interest. The humerus had attached to its shaft a little spiculum of bone, which was evidently the immediate cause of the perforation of the artery, which itself was highly atheromatous, and so rendered the more friable. The head of the bone had, during the comparatively short period of seven weeks, formed for itself a false glenoid cavity, in which it had been reposing; the existence of this structure forming an additional element in the difficulty of successfully or readily reducing the dislocation. Short as the period had been, it was instructive (said Professor Lister) to note that this cavity was not only of cartilaginous texture, but even exhibited traces of osseous development also. Professor Lister, in conclusion, regretted that he had not instructed his house-surgeon to send for him at once on the intervention of the serious later symptoms, as the case would have presented the most favourable aspects for the performance of the operation of transfusion of blood from the veins of a person willing to furnish the requisite supply.—*Med. Times and Gaz.*, Feb. 1, 1873.

[Mr. Callender (*St. Bartholomew's Hospital Reports*, vol. ii. p. 96) has collected the reports of thirty-one cases of this rare accident.]

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Aphonia during Pregnancy. By CHAS. E. REILER, M.D., of Dixfield, Me.—Mrs. B., aged 34, primipara, nervous, was delivered Nov. 9, 1871. The child nursed until the last of May, 1872, when the mother's milk suddenly dried up. In a few days she became troubled with morning nausea and vomiting; menses had not appeared since her pregnancy. About the first of June, 1872, I was called to see her, and concluded that she was again pregnant. About ten days after this I was again sent for, and found that she could not speak, except in a whisper, and that very imperfectly. I told her that I thought that she would talk again after delivery. On the morning of February 11, 1873, I was called to see her in labour. On arriving at the house, her nurse told me that she had not spoken aloud until about half an hour before my arrival; the waters broke, and she spoke a few loud words. Pains continued at intervals through the day; got several hours of sleep during the night.

Feb. 12th. Pains continued all day, becoming more regular and stronger towards evening. At half past eight in the evening, the os being dilatable, though not dilated more than an inch, and the labor so protracted, I concluded to rupture the membrane, when an unusually large quantity of liquor amnii passed, and at that moment the voice returned perfectly natural, and as strong as ever; at half past nine I delivered her of a male child, weighing 10¾ pounds. The case is now doing very well.

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Post-mortem Delivery.—Dr. D. ROGERS of Topeka, Kas., reports to us the case of Mrs. E. J., aged 19, who had been married ten months and who, when far gone in pregnancy, was taken sick with typhoid fever, and on the tenth day died without any sign of labour being detected. Some time after death she was delivered of a dead infant of medium size.

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Skunk Bites.—Dr. W. W. Fox, of Kansas, relates briefly (*Medical Herald*, March 1,

1873), five cases in which persons bitten by skunks died with symptoms resembling hydrophobia.

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American Medical Association. — The Twenty-fourth Annual Session will be held in St. Louis, Mo., May 6, 1873, at 11 A. M.

Officers of Sections.—Chemistry and Materia Medica: Drs. R. E. Rogers, Philadelphia, Pa., Chairman; Ephraim Cutter, Boston, Mass., Secretary.

Practice of Medicine and Obstetrics: Drs. D. A. O'Donnell, Baltimore, Md., Chairman; Benjamin F. Dawson, New York, N. Y., Secretary.

Surgery and Anatomy: Drs. Edward Warren, Baltimore, Md., Chairman; W. F. Peck, Davenport, Iowa, Secretary.

Meteorology and Epidemics: Drs. George Sutton, Aurora, Ind., Chairman; Elisha Harris, New York, N. Y., Secretary.

Medical Jurisprudence, Hygiene, and Physiology: Drs. S. C. Busey, Washington, D. C., Chairman; A. B. Arnold, Baltimore, Md., Secretary.

Psychology: Drs. Isaac Ray, Philadelphia, Pa., Chairman; John Curwen, Harrisburg, Pa., Secretary.

Secretaries of medical organizations are requested to forward lists of their delegates to the Secretary, Dr. Wm. B. Atkinson, 1400 Pine Street, Philadelphia.

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Medical Literature.—Dr. AUSTIN FLINT, of New York, Chairman of the Committee on Medical Literature of the American Medical Association, wishes to obtain as complete a list as possible of American medical works, of new editions, and of republications of foreign works, published between May, 1872, and May, 1873, to be embraced in his report to be made at the next meeting of the American Medical Association. He asks to this end the aid of editors of journals and publishers of medical works throughout the United States.

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University of Pennsylvania. Practical Microscopy. — Arrangements have been made by which all the members of the spring and fall classes at the University of Pennsylvania may have the opportunity of actual practice with the microscope, under the direction of the instructor in this department, JAMES TYSON, M.D., on the payment of a small fee for the use of instruments.

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Stevens Triennial Prize.—This Prize for 1873 has been awarded to an Essay on

The Sphygmograph; its Physical and Pathological Indications. By EDGAR HOLDEN, M.D., of Newark, New Jersey.

The questions proposed for the next prize (1876), are as follows:—

I. *The History of Epidemics in the United States from* 1860 *to* 1870; statements as to localities, dates, extent of prevalence, and mortality, to be authenticated by appropriate references. The question of *treatment* is not to form a part of the above subject.

II. *The Use of the Spectroscope, in its Application to Scientific and Practical Medicine.*

The competing essays on either of the above subjects must be sent in to the President of the College of Physicians and Surgeons, New York, on or before the first day of January, 1876. Each essay must be designated by a device or motto, and must be accompanied by a sealed envelope, bearing the same device or motto, and containing the name and address of the author. The envelope belonging to the successful essay will be opened, and the name of the author announced at the Annual Commencement of the College, in March, 1876.

This prize, which will amount to two hundred dollars, is open for universal competition.

By order of the Prize Committee.

J. C. DALTON, M.D.

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Philadelphia College of Pharmacy.—At the fifty-second commencement of this flourishing institution, held on the 18th March, the degree of graduate of pharmacy was conferred on 94 candidates.

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Dr. T. Gaillard Thomas's Work on Diseases of Women.—We are pleased to learn that this excellent work has been translated into German and published in Berlin.

Medical Department of the University of South Carolina.—Dr. R. W. GIBBES has been elected Prof. of Anatomy and Surgery in this Institution, and not in the Medical College of the State of South Carolina, as stated in the February number of this Journal.

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Hartford Retreat for the Insane.—Dr. JOHN S. BUTLER has resigned the superintendency of this institution—a position which he has held for nearly thirty years, and retired to private practice in Hartford. Dr. James H. Denney, for some years assistant physician at the Retreat, has been promoted to the position rendered vacant by Dr. Butler's resignation.

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OBITUARY RECORD.—It is with profound grief that we record the death of our nearly life-long friend, Dr. HUGH L. HODGE, Emeritus Professor of Midwifery and of the Diseases of Women and Children in the University of Pennsylvania, which sad event occurred on the 26th of February, after only a few hours' illness, in the 77th year of his age.

Dr. Hodge was well known for the singular purity of his character; his conscientious performance of every duty; the untiring zeal with which he cultivated our science; and the numerous substantial contributions he made to it, which secured to him fame, both at home and abroad. An ardent student, he industriously sought after truth, and fearlessly and earnestly maintained his convictions, but without intolerance, conceding to others, who had arrived at different conclusions, the credit, which he claimed for himself, of perfect sincerity. After a friendship contracted in early boyhood, and continued uninterruptedly for more than sixty years, we can aver our inability to remember a word spoken or an act performed by him which could have been a source of the slightest regret to himself or his warmest friends.

His talents, conscientiousness, geniality, benevolence, amiability, integrity, and unselfishness, attracted to him numerous friends, who must feel that in his death they have sustained a loss which cannot be repaired.

At a special meeting of the COLLEGE OF PHYSICIANS OF PHILADELPHIA, held Feb. 28, 1873, the following preamble and resolutions, offered by Dr. Alfred Stillé, were unanimously adopted:—

Whereas, we have heard with profound regret that our venerable colleague, Dr. HUGH L. HODGE, has died, after a very short illness, while he was still in the full possession of mental vigour, and actively engaged in professional duties; and

Whereas, it is due to his memory, and is a solace to our own regret, to place upon record our estimation of his character and services; therefore,

Resolved, That by the death of Dr. Hodge the medical profession has lost one of its brightest ornaments and most valuable members; a teacher whose learning, eloquence, and wisdom rendered him one of the most eminent and useful professors of the medical school he so long adorned, and of the professional literature to which he contributed the results of his matured experience and reflection; a practitioner sagacious, skilful, and wise, who to the latest day of his life devoted his powers, with rare success, to the alleviation of suffering and the preservation of life, and secured the affectionate veneration of all whom he served; a man who, from the beginning to the end of his career, was not only pure and without reproach, but in every relation distinguished by singular conscientiousness and an earnest piety, and by a dignity of demeanor and consistency of conduct which made his name synonymous with truth and virtue.

Resolved, That Dr. H. Lenox Hodge be requested to prepare for the College a memoir of his late father, and that the College will pay the last honours to their distinguished Fellow by attending his funeral in a body.

At a meeting of the Medical Faculty of the UNIVERSITY OF PENNSYLVANIA, held Feb. 28, 1873, the announcement having been made of the death of Dr. HUGH L. HODGE, Emeritus Professor of Obstetrics in the University, it was

Resolved, That the Faculty have heard with sincere sorrow of the death of one who stood in the relation either of preceptor or of colleague to all the members of their

body, and that it is due to his memory to express their high appreciation of his character as a man, and of his distinction as a Professor.

That the pure and elevated principles of Dr. Hodge were illustrated in a life devoted to the service of his fellow-men, and to the promotion of all efforts to benefit and ennoble humanity, while his disinterested, gentle, and humane prosecution of his profession placed him as an example before his brethren, and endeared him to the community in which he dwelt, as well as to those who sought his counsel from abroad.

That his efficient services as a teacher of his art placed him in the front rank of the eminent men who have shed lustre on the Medical Department of the University of Pennsylvania.

That by his lectures and publications he has contributed to the advancement and improvement of his special branch of medicine, and aided in the dissemination of sound doctrine in medical science; and, although for many years retired from the more arduous duties of his profession, his influence has been deeply felt, and cordially acknowledged.

That the Faculty, gratefully remembering the many manifestations of his personal kindness and interest, sincerely condole with the family of Dr. Hodge in their bereavement, and feel that the only consolation for the loss sustained by them is to be found in the assurance of his eternal gain.

The following resolutions were adopted by the PHILADELPHIA COUNTY MEDICAL SOCIETY, February 26, 1873:—

Whereas, it has pleased Divine Providence to remove to a happier sphere one of the most honoured members of our Society, who during a long and useful life has ever been noted for the purity and benevolence of his character, not only as a physician, but also as a citizen of Philadelphia: Therefore,

Resolved, That the Philadelphia County Medical Society have recently learned, with deep regret, of the sudden and unexpected death of Dr. HUGH L. HODGE, Emeritus Professor of Obstetrics in the University of Pennsylvania, and one of the oldest members of this Society.

Resolved, That by the death of Dr. HODGE, this Society has lost a highly esteemed member, whose skill and erudition had gained him a world-wide reputation as an accoucheur, and made him an authority in difficult cases that greatly relieved the anxious hours of his juniors, who were often led, by his courtesy and high professional honour, to avail themselves of his valuable assistance.

Resolved, That the members of this Society, most of whom have been his pupils, recall with pride and pleasure the sound and practical precepts inculcated in his teaching.

Resolved, That Dr. Wm. Goodell be requested to prepare a biographical memoir of our late member, to be read before this Society.

Resolved, That the Philadelphia County Medical Society respectfully tender to his family their sympathy in its affliction.

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—The *Medical Press and Circular* states "that we have reason to know that a fatal case occurred in private practice during the last twelve months, where, though every precaution was taken, and a skilled chloroformist was intrusted with the administration, death ensued from the first few inhalations, and before a half drachm of chloroform had been used."

On the 14th of Feb. a patient died under the influence of chloroform in Sir Patrick Dun's Hospital, Dublin, while undergoing amputation.—*Lancet*, Feb. 22, 1873.

In the *British Medical Journal* for February 22, 1873, Mr. Richard of the Bristol Royal Infirmary reports the death of a labourer aged 51, from the inhalation of chloroform given to produce anæsthesia during the dressing of a fractured leg. And Mr. Wyman, from a similar cause, that of a woman aged 45 who was about to undergo an operation at the West London Hospital, for the removal of a fatty tumour from the back.

Affections of the Skin accompanying Pregnancy.—Prof. HEBRA has published in the *Wien. Medicinische Wochenschrift*, some

very interesting observations on the various forms of skin disease that are met with in women when pregnant, or during lying-in, or who suffer from disease of the uterus, and which disappear when the physiological or pathological cause which produces them ceases to act; and chief among this class are acne disseminata et rosacea, which are met with in women of otherwise faultless complexion as soon as they become pregnant. In some cases this only goes as far as redness of the nose, in others, to the formation of painful pustules. In some cases conception is quickly followed by eczema. Hebra cites the case of a lady who first was made aware of having conceived by the appearance of a vesicular eruption, accompanied by itching on her hands. In other cases we meet with simple pruritus, or some form of erythema, or urticaria, or even pemphigus. All these different eruptions disappear, however, when the uterus rids itself of its contents. Hebra had one lady under his care, who, during three successive pregnancies, suffered from pemphigus, which twice disappeared on the birth of the child, but became chronic the third time. Under his advice, she spent a considerable time at Vöslau, where she made use of the baths with success. Her husband, however, unable to bear the long separation, surprised her one day by a visit. During the following month, even before she had time to notice any cessation of the menses, she became aware of having again conceived, by being attacked afresh by pemphigus, this time more violent than before, and accompanied by sleeplessness, loss of appetite, and wasting. The pemphigus again disappeared after the birth of a child, to return twice, however, in after years, under the same physiological condition.

Hebra draws attention to the frequent occurrence of chloasma uterinum (the pityriasis versicolor of other writers) connected with changes in the structure and position of the uterus; of chronic urticaria in cases of fibrous or other growths, in the same organ; of acne rosacea in blenorrhœa and ulceration or excoriation of the os uteri; of eczema, seborrhœa, defluvium capillorum in young women suffering from chlorosis (with frequent and profuse menstruation); or in women while they are lying-in, or after they have weaned; while as long as they suckle they are quite well. These facts are valuable as giving us hints as to the right diagnosis, as well as important as regards the treatment, such diseases being generally very intractable when not treated with regard to their primary cause.—*Irish Hospital Gazette*, March 1, 1873.

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Troublesome Recurrent Stricture of the Urethra after Perineal Section.—Mr. Erichsen, in some clinical remarks on this subject at University College Hospital, observed that, as was the case with some other operations, a good deal had been heard about the immediate effects of perineal section, but very little about its ultimate results. This case was therefore an interesting and instructive one. The operation had been performed sixteen years ago; the patient had instruments passed for some months afterwards. Since then there had been a complete relapse, and the stricture had now acquired to some extent a traumatic character. For some time past, small catheters had been occasionally passed with great difficulty. He now proposed to split the stricture with Holt's dilator.—*Brit. Med. Journal*, Feb. 15, 1873.

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Simulation of Disease in a Scrofulous Patient.—At one of the recent meetings of the Société Médicale des Hôpitaux, Dr. Lallier related a curious case of the above, which he had observed in his wards at Hôpital St. Louis. The patient had been several times before admitted into the hospital. The last time she presented scrofulous flexions and abscesses of the gums, and there existed besides several pultaceous patches of stomatitis and swelling of the submaxillary glands. Shortly afterwards a vesicular eruption on several parts of the body, and on the soft palate, was observed. On careful examination, M. Lallier discovered the existence of various small bits of a blackish substance around the teeth, and, by the help of the microscope, they were found to be cantharides powder. The patient

confessed that she had made use of bits of a blister plaster for the purpose of keeping up her disease. The chief feature of interest was the great difficulty of diagnosis, as the simulated disease had been grafted on a real strumous affection of the buccal mucous membrane. Such cases, according to M. Lallier, are frequently witnessed at St. Louis.—*Lancet*, Feb. 8, 1873.

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Accidental Syphilitic Inoculation.—Cases of accidental syphilitic inoculation in members of our profession have unfortunately been frequently recorded. Some have suffered very severely, and others have met, by the sad occurrence, with an untimely grave. In a memoir of M. Guersant, the eminent surgeon so long attached to the Hospital for Sick Children, recently read before the Surgical Society of Paris by M. Férol, it is stated that the subject of the memoir was wounded in the right index-finger whilst operating upon a patient suffering from syphilis. The disease at once settled upon Guersant; he suffered from iritis, and subsequently had an attack of hemiplegia, which yielded to appropriate treatment. These ailments, however, undermined his constitution, and he at last died of cerebral congestion preceded by albuminuria.—*Lancet*, Feb. 1.

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The Chemical Constitution and Toxic Characters of Metals.—M. Rabuteau laid down, in 1867, the law that metals are more poisonous in proportion as their atomic weight is higher or their specific heat more feeble. He has addressed to the last meeting of the *Academie des Sciences* a note on the toxic properties of the salts of calcium in confirmation of that view.—*Lond. Med. Record*, March 5, 1873.

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Insects' Feet as Carriers of Contagious Diseases.—Prof. W. Kletzinski of Vienna has detected with the microscope an abundance of foreign particles in pure glycerine, into which flies had stepped, and from which they had succeeded in freeing themselves; thus vindicating the belief that flies may become carriers of contagious diseases.—*American Naturalist*, March, 1873.

Death from Nitrous Oxide.—A death from inhalation of this gas is stated in *The Med. Times and Gaz.*, Feb. 1st, 1873, to have occurred at Exeter on Jan. 23d.

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The Advertisement of Medical Books in the Secular Press.—The attention of the Council of the Royal College of Surgeons of England having been called to the frequent advertisement of medical works in the secular press—inserted with a view of advertising the author, rather than his works—the following motion was carried: "That the practice of frequently advertising medical works in the 'non-medical press' is, in the opinion of the Council of the Royal College of Surgeons of England, not conducive to the honor or dignity of the medical profession."

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Dr. Bence Jones.—We regret to announce the very serious illness of Dr. Bence Jones, who is suffering from ascites, attended with great anasarca of the lower extremities.

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Obituary Notice.—Died in Paris Feb. 24, 1872, of apoplexy, Dr. Marchal (de Calvi) aged 57. Dr. M. commenced life in the military service, rose rapidly to the first rank, and became one of the Professors at Val-de-Grace, when, with the inconstancy which characterized him, he resigned. M. M. was a constant contributor to medical journals, a brilliant writer and impressive orator. He was successively the editor of the *Gazette des Hôpitaux;* of the *Revue Chirurgicale Française*, which he inaugurated in conjunction with Begin, Velpeau, and Vidal (de Casis); the *Recueil des Memoires de Médecine et de Chirurgie et de Pharmacie Militaires;* became a contributor to the *Progrès Medicale*, and to the *Mouvement Medical*, and afterwards founded the *Tribune Medicale*, which he continued to edit up to the time of his death. It was on his return from the printing office of the last-named journals that he was attacked with cerebral hemorrhage which soon terminated his life.

M. M. was further the author of an interesting work entitled "Recherches sur les Accidents Diabétiques, et Essai d'une Théorie générale des Diabéte" (1864).

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Dr. Tuke has been industrious and thoroughly earnest in a good cause; he has done good service to the profession, in classifying and embodying in one volume a vast amount of scattered evidence concerning the influence of the mind upon the body, and in urging medical men to recognize the great importance of directing a more thorough attention to the subject of psychotherapeutics.—*London Medical Record*, March 5, 1873.

This admirable contribution to the science of mental physiology and pathology is addressed, says the author, to both medical and non-medical readers; and we cannot but think that the latter class will find as much to interest and profit them as the former. Dr. Tuke's style is so singularly clear, and his topic one so strongly appealing to every intelligent mind, that few will take up his book without becoming absorbed in its pages.—*Phila. Med. Times*, March 8, 1873.

This work is extremely interesting and instructive, and will prove useful for study and reference.—*Va. Clinical Record*, March, 1873.

ROBERTS ON URINARY DISEASES—Just Issued.

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From a practical point of view, indeed, the work before us is decidedly the best in any language. On the whole, it is an admirable work, and well adapted to the wants of the practitioner.—*N. Y. Med. Journal*, Feb. 1873.

Throughout, the work is clear and very readable; indeed, the style is most happy. We cordially recommend it to our subscribers as being thoroughly practical, and containing much information which is not to be met with elsewhere.—*Canada Medical and Surgical Journal*, Feb. 1873.

We know of none which surpasses it, if any equal it, in the completeness and breadth of its scope, in the fairness of its discussion, or in the judgment displayed in committing and omitting. It seems to us to represent clearly and fully the general professional knowledge on the subject of which it treats, and we commend it most heartily to every practitioner who is so placed as to desire a single monograph to guide him at the bedside, as being probably the most complete and safest book of the kind in the language.—*New Remedies, New York*, Jan. 1873.

It would be out of place to review more fully a second edition of a work so well known and so fully appreciated as this.—*Glasgow Med. Journal*, Feb. 1873.

HENRY C. LEA—Philadelphia.